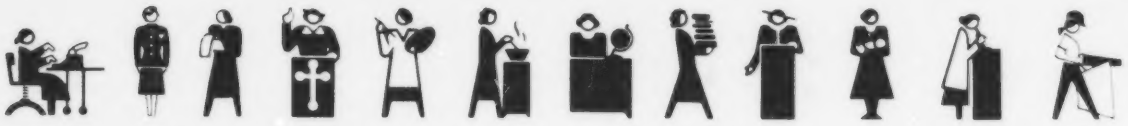


Nova Scotia
Advisory Council on
the Status of Women

91-06943/

A BRIEF
SUBMITTED TO
THE NOVA SCOTIA ROYAL COMMISSION
ON HEALTH CARE

JUNE 1988

Nova Scotia Advisory Council on the Status of Women
P.O. Box 745, Halifax, Nova Scotia, B3J 2T3

Nova Scotia Advisory Council on the Status of Women

The Nova Scotia Advisory Council on the Status of Women was established in 1977 in response to recommendations of a task force appointed during International Women's Year in 1975. The Council is mandated to monitor women's issues and to act as an advisory body to the provincial government.

Specifically, it is legislated to advise the Minister upon such matters relating to the status of women as are referred to the Council for consideration by the Minister Responsible for the Administration of the Status of Women Act, and to bring to the attention of the Minister matters of interest and concern to women.

In carrying out its duties, the Council may:

- receive and hear petitions and suggestions concerning the status of women;
- undertake and recommend research on matters relevant to the status of women;
- recommend and participate in programs concerning the status of women;
- propose legislation, policies, and practices to promote equality of opportunity and status;
- publish reports, studies and recommendations.

TABLE OF CONTENTS

INTRODUCTION 1

SEX EDUCATION AND BIRTH PLANNING 6

PREGNANCY AND CHILDBIRTH 9

ABORTION 12

NEW REPRODUCTIVE TECHNOLOGIES 14

PRESCRIPTION DRUGS 15

CONCLUSION 17

REFERENCES 18

SUMMARY OF RECOMMENDATIONS 19

INTRODUCTION

The Nova Scotia Advisory Council on the Status of Women welcomes the opportunity to address the Nova Scotia Royal Commission on Health Care. Our concerns will focus on the issue of reproductive health, not because we do not recognize other health issues of great concern to women, but because we see reproductive health as (i) an area of health care that touches all women at some point in their lives; (ii) an area of health care in which women and the women's health movement have been actively working to regain some measure of control; and (iii) an area of the health care system which accounts for a large proportion of health care expenditure for the Province at a cost which we suggest is unnecessarily high.

As the following quote indicates, health care services are of particular concern to women:

> The focus on women's relationship to health care is especially appropriate because we (women) consume the largest proportion of health services; average 25 percent more visits to doctors each year than men (100 percent more if visits of mothers with children are counted); take 50 percent more prescription drugs than men; and are admitted to hospitals much more frequently than men.[1]

Women consume the largest proportion of health services, not necessarily because of sickness and disease, but because birth control, pregnancy, childbirth, menopause, and other natural physiological processes frequently require such contact.

Data obtained from Maritime Medical Care Inc. indicates that the average MSI fee-for-service expenditure per insured person in Nova Scotia in 1986 was $157.60 for each male and $210.48 for each female. However, when we look at expenditure per insured person between the ages of 15 and 49, the difference between men and women is truly alarming. As shown in Table 1 (and illustrated in Figure 1) in 1986, the expenditure per insured male in this age range was $112.03; the expenditure per insured female was $177.60.

We believe the disproportionate distribution of MSI expenditure for women in this age group is due primarily to the continually increasing medicalization of the natural physiological processes of a woman's body. Historically, the care women required in their lives with respect to pregnancy, childbirth, abortion, menopause, etc. was provided solely by other women. The rise of a male dominated medical profession has virtually taken over all forms of health care and has abolished the lay forms of healing and midwifery which served the needs of women for centuries.

In 1976, the report of the Nova Scotia Task Force on the Status of Women, Herself/Elle-Même, stated:

> Those doctors who specialize in women's health problems--gynaecologists and obstetricians--are more often men than women. We heard in the hearings that women may, and often do, suffer from negative male attitudes which are conveyed to them in doctors' offices all across the province. There has been comparatively little basic research on women's health, such as the effects of birth control devices, and causes of breast and uterine cancer. It is easier to prescribe tranquilizers, or to diagnose a woman "hysterical" or "nervous", than to try to find an answer to a problem that may not be strictly

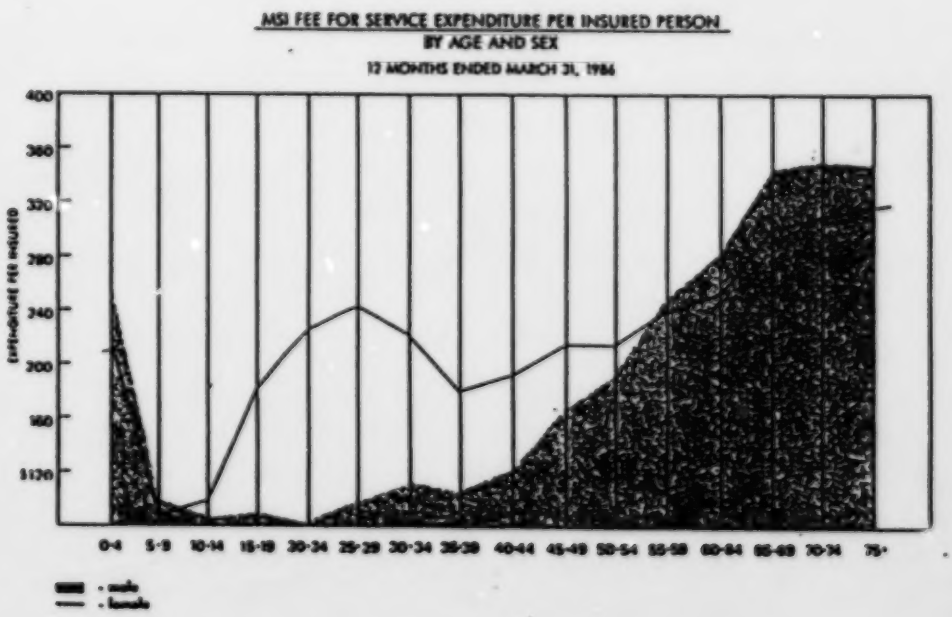
TABLE 1

MSI Fee-for-Service Expenditure Per Insured Person By Age and By Sex, 1986

Age Group	Male	Female	Total	Female as % of Total
15 - 19	$ 88.29	$ 181.59	$ 133.72	67
20 - 24	83.36	225.74	153.51	73
25 - 29	97.68	243.49	171.80	71
30 - 34	115.10	223.21	69.50	66
35 - 39	108.09	179.24	143.63	62
40 - 44	123.37	189.90	156.49	61
45 - 49	168.30	216.73	192.33	56
TOTAL	112.03	177.60	-.-	66

Source: Maritime Medical Care Inc. Annual Statistical Tables, 1986.

FIGURE 1



> "medical". Women realize that doctors do not have all the answers; it's time that doctors came to accept it as well. Before the medical care and treatment of women improves, both general practitioners and specialists will need to have a deeper understanding and to be more sympathetic towards the needs and real concerns of their women patients.[2]

We ask whether attitudes really have changed in the 12 years since the writing of that report. During the past year, the Advisory Council has heard testimony from women who have been ill-treated, humiliated, disfigured, and sexually harassed by members of the medical profession. Many of these women have written to the Medical Association but have received little more than acknowledgements of their letters. These same women often lack the courage and moral and financial support to pursue legal action.

Women seek medical advice on many aspects of their lives. The frequently cited "for more information consult your family doctor" is the reply now given to an increasing number of health concerns. Yet, in reality, many doctors do not devote the time to, or have the expertise to deal with, matters of nutrition, child health and behaviour, sexual problems, stress, etc. The fact of the matter is, doctors are trained to treat illness and disease--not to prevent them. Our current fee-for-service medical insurance system also contributes to physician neglect of the social causes of illness by not allowing doctors to charge for services and advice unless they are recognized by the fee system.

The concept of community health centres is gaining wide acceptance in the United States and in other provinces in Canada. Community health centres are made up of a group of health professionals working together to emphasize

preventative medicine, health maintenance and health education. Such a team may consist of doctors, nurses, midwives, nutritionists, social workers, and other health professionals. It is recognized that such an approach provides a more flexible, holistic, and cost effective health service. We believe that in such a setting the total health needs of women can be more adequately served and the team of health professionals more adequately trained in the particular health concerns of women.

We believe that the current structure of our health care system has reduced women to passive recipients of health care. Our medicare system has obscured the fact that we are consumers of health care and, as such, have rights as women and as patients. Many women do not demand good service and do not recognize that they have a right to be active participants in their health and medical care. In order to become informed participants, women need information about their bodies and about the health care services available to them. Knowledge in this area will give women the ability to make choices and to accept more responsibility for their own health care.

The Nova Scotia Advisory Council on the Status of Women recommends:

1) that the Province of Nova Scotia develop and institute a province-wide programme of community-based women's health centres to provide a full range of reproductive and other health care services to all Nova Scotian women;

2) that medical schools adopt curricula which will encourage realistic attitudes toward women, and sensitize physicians to the specific health concerns of women, and offer continuing education programs for those who have already graduated;

3) that an independent body be established to hear and investigate complaints from patients. This body must have the authority to monitor and provide recourse and remedy for complainants and serve to more effectively regulate unacceptable behaviour and practice of the medical profession. We recommend that this body be composed of members of the medical community, legal community and individual consumers.

SEX EDUCATION AND BIRTH PLANNING

Most women spend close to 30 years of their lives struggling in some way to control their fertility. Access to birth control, abortion, and new reproductive technologies almost inevitably requires that a woman consult a licensed medical physician.

Existing contraceptive methods are far from perfect. As one family planning expert in Canada has noted, "Contraceptive 'choice' is really a matter of selecting the least offensive option."[3] The Pill and the IUD carry many serious and proven health risks, yet these methods continue to be promoted by doctors as the best and most effective methods of birth control. Methods which are physically safer and which may require responsibility and knowledge on behalf of women and their partners are frequently discounted by physicians. In fact, finding a doctor in Nova Scotia who is willing and able to fit a diaphragm can be extremely difficult.[4] Conversely, we have never heard of a woman who has had difficulty in obtaining a prescription for the Pill.

Table 2 shows the percentage distribution of women in Canada using various forms of available contraceptives.

TABLE 2

Percentage Distribution of Women Using Contraceptives Age 18-49, By Current Method

Method	All Women	Currently Married	Never Married
Female sterilization	35.3	41.8	4.2
Male sterilization	12.7	17.6	2.2
Pill	28.0	15.0	69.7
IUD	8.3	8.0	8.3
Diaphragm	1.7	1.4	3.5
Condom	9.1	10.8	8.3
Foam	0.8	0.7	0.3
Rhythm	2.3	3.0	1.8
Withdrawal	1.2	1.3	1.8
Other	0.6	0.6	0.7
TOTAL	100.0	100.0	100.0

Source: Contraceptive Use in Canada, Family Planning Perspectives, 1985, 17:209.

It is apparent that women are primarily responsible for birth control. Female sterilization is now the leading form of birth control despite the fact that male sterilization is much simpler and less expensive. With the exception of the condom, there are no other methods of birth control available for men.

Access to and education about sexuality and family planning must be improved. What does the lack of adequate family planning actually cost the Province of Nova Scotia? A 1984

study prepared by the Planned Parenthood Association of Nova Scotia estimated an extremely conservative figure of $58 million.[5] This figure was derived from the following costs:

TABLE 3

Monetary Costs Related to Lack of Family Planning Services for Nova Scotia, 1983-84

Live births to single mothers	$ 7,234,788
Therapeutic abortions	621,551
Family benefits to 3,251 unmarried mothers	17,487,003
Foster care for children of unmarried mothers	477,595
Temporary care for children of unmarried mothers	279,030
Salaries - 5 caseworkers working solely with unmarried mothers in Nova Scotia	145,000
Counselling 423 teen mothers at child placement agencies	70,772
Public health post-natal visits to 1,299 teen mothers	135,096
Treatment of sexually transmitted diseases	7,439,000
Treatment of pelvic inflammatory disease (direct costs only)	24,220,000
Treatment of AIDS (hospital costs)	83,333
TOTAL	$58,193,168

The costs of treating sexually transmitted diseases and pelvic inflammatory disease as cited above are very significant. In Canada, hospital admissions for pelvic inflammatory disease have more than doubled during the past 15 years.[6] Treatment

of pelvic inflammatory disease in Nova Scotia cost the province $24 million in 1983-84. The management of STDs is a clear indication of the lack of emphasis placed on prevention by our health care system. The incidence and complications arising from STDs could be greatly reduced through effective education about the diseases and their modes of transmission. A recent statement by a representative of the Canadian Public Health Association estimated that each new AIDS patient costs the Canadian health care system $70-100,000 a year.[7]

The Advisory Council on the Status of Women recommends:

1) that the Province of Nova Scotia recognize the importance of sex education in (i) the prevention of unintended pregnancy, and (ii) the prevention of all sexually transmitted diseases, including AIDS;

2) that access to information about birth control and family planning be improved by adequately funding existing agencies to meet the increased demands for their services;

3) that greater emphasis be placed on developing effective methods of birth control for men and that increased educational efforts be aimed at improving the sense of responsibility among men about birth control; and

4) that greater attention be given to the area of family planning in medical school curricula, especially if physicians are to remain the primary and often sole prescribers of contraceptives.

PREGNANCY AND CHILDBIRTH

It has come to our attention that an increasing number of general practitioners in Nova Scotia are dropping obstetrics

from their practices. As a result, a growing percentage of pregnant women are being cared for during pregnancy and birth by specialists in obstetrics and gynaecology--specialists in high risk pregnancies and complicated deliveries. We believe that this growing trend presents serious consequences to women and their babies and in the majority of cases is an unnecessary use of the expensive time of a specialist.

Statistics Canada data for 37 reporting hospitals in Nova Scotia indicate that 2,250 of a total of 12,360 deliveries in 1984/85 were performed by Cesarean section yielding a C-section rate of 18 percent. In 1985 the World Health Organization reported that there was "no justification in any specific geographic region to have more than 10-15 percent caesarian section births."[8] Yet, as Table 4 indicates, Canada and Nova Scotia have witnessed a dramatic increase in the caesarian section rate over the past ten years.

TABLE 4

Selected Obstetrical Services, Canada, Nova Scotia 1976, 1979/80, 1984/85

	Mothers Delivered		Cesarean Births		Cesarean Rate	
Year	Canada	N.S.	Canada	N.S.	Canada	N.S.
1976	358,123	12,832	40,344	1,633	11%	13%
1979/80	365,990	12,435	55,310	1,981	15%	16%
1984/85	373,134	12,360	69,891	2,250	19%	18%

Source: Statistics Canada

It has also been brought to our attention that episiotomies are being performed on a great number of women increasingly as

a matter of routine. This is of particular concern at the Grace Maternity Hospital where it is believed the procedure is done more frequently to fulfil the teaching needs of the hospital. This procedure should be necessary only in rare cases and efforts must be made to control its use.

The Nova Scotia Advisory Council on the Status of Women believes that the cost of prenatal and childbirth care would be greatly reduced, and the quality of this care greatly improved, by integrating midwives into our health care system. Pregnancy and childbirth are not illnesses--they are normal bodily processes. It has been widely established that midwives can provide better, more individualized and holistic care to healthy pregnant women. In 1986, Dr. Marsden Wagner of the World Health Organization (WHO) reported that in the five WHO member-countries with the best record of safe childbirth, the midwife is the senior birth attendant in over 70 percent of all births.[9] Midwifery forms a vital part of health care systems throughout the world. The use of midwives is not intended to totally replace the role of physicians in childbirth. Rather, as Dr. Wagner has defined, each has an important and respective role in the health care system:

> The midwife stays with the woman during all stages of labour and birth and sees her role as encouraging and assisting the woman without taking over while also serving as the woman's advocate when needed. This is a more social as well as non-interventionist clinical approach. The physician does not stay with the woman but rather comes when called by the midwife to diagnose and treat any undesirable deviation. The physician's role is more interventionist and medical in nature. These two styles have nicely complemented each other. In several countries the midwife's presence, even at complicated births, is an essential reminder to all those present that most of what is going on is still normal.[10]

The Nova Scotia Advisory Council on the Status of Women believes that the Province of Nova Scotia has much to gain from the research and recommendations contained in the recently released Report of the Task Force on the Implementation of Midwifery in Ontario. This report has laid considerable groundwork for other provinces to follow.

The Nova Scotia Advisory Council on the Status of Women recommends:

1) that the Province of Nova Scotia begin immediately to take steps to integrate midwifery as an independent, licensed, and self-regulating profession into the health care system in Nova Scotia;

2) that the Province seriously examine the caesarian section rates in Nova Scotia and take some measure to protect women from unnecessary surgical intervention.

3) that the Province investigate the unnecessary use of episiotomies, epidurals, forceps, and other high-tech birthing techniques in Nova Scotia.

ABORTION

The Nova Scotia Advisory Council on the Status of Women supports the recent Supreme Court decision to remove abortion from the Criminal Code. It is the position of the Advisory Council that abortion is a woman's personal decision and that every woman must have access to certified medical care.

We understand that since the Supreme Court decision in January, hospitals in Nova Scotia have disbanded their now-illegal therapeutic abortion committees. However, women in

Nova Scotia still face great obstacles in obtaining abortion services in their own province. They continue to be confronted by doctors who refuse to discuss the option of abortion and who refuse to refer them to doctors who will. The Halifax Abortion Information and Referral Service has informed us that they respond daily to women who call for assistance from all areas of the province. Many of these women are still forced to travel out of province and out of country to obtain an abortion in a confidential, sympathetic, and safe environment. A pregnant woman who has made the decision to have an abortion should have access to abortion services at the earliest opportunity, and should not be forced into a late term abortion or denied access altogether by reason of her financial status or geographic location.

The Advisory Council on the Status of Women recommends:

1) that the Province of Nova Scotia increase funding to expand family planning programmes, sex education, and pre- and post-abortion counselling in this province in an effort to reduce the number of unintended and unwanted pregnancies;

2) that the Department of Health and Fitness take steps to improve abortion services in Nova Scotia, especially in rural and small communities, by allowing the procedure to be performed in settings other than hospitals (such as the recommended community-based women's health centres). The Advisory Council believes this to be a less costly alternative to the system of hospital abortion services currently available in the province;

3) that the Department of Health and Fitness ensure that the technology and techniques (e.g., anaesthesia) used for this procedure are the most up to date and that unnecessary medical procedures are never used.

NEW REPRODUCTIVE TECHNOLOGIES

The recent emergence of a vast range of new reproductive technologies (NRTs) has raised many serious questions which we feel require immediate attention. The full implications of NRTs have yet to be felt and the ramifications are still unknown. NRTs are already being engaged and researched in the province of Nova Scotia. At present, no guidelines exist in Canada regarding the use of this technology.

The Nova Scotia Advisory Council on the Status of Women has serious concerns and questions about NRTs. On the one hand, we recognize that NRTs can help, and have already helped, women who desperately want biological children and who for numerous reasons have been unable to conceive. However, the vast possibilities provided by these technologies raise profound issues for parents, surrogates, donors, and the resultant children.

We are concerned about the financial resources being devoted to the research and practice of NRTs. This is of course measured against the funds devoted to the prevention of STDs and pelvic inflammatory disease which are major causes of infertility. Once again, we see prevention dollars forsaken for expensive medical intervention.

We are concerned about the fact that hospitals in Nova Scotia are free to set their own guidelines governing NRTs. The Grace Maternity Hospital in Halifax announced last fall that in vitro fertilization procedures would only be performed for married women. The service at the Grace also requires payment of a high fee. Does this mean that only wealthy, infertile, married couples are able to benefit from NRTs?

We are also concerned about the psychological effects of this technology on women who enter IVF clinics with hopes for a baby, and who, in the majority of cases, leave without one. Are women being adequately informed of the very low success rates of IVF? The questions raised by NRTs are endless.

The Nova Scotia Advisory Council on the Status of Women recommends:

1) that the Province of Nova Scotia encourage and endorse the formation of a Federal Royal Commission on New Reproductive Technology to allow the Canadian public to consider the impact and regulation of NRTs.

2) that in light of the fact that new reproductive technologies are already actively being engaged and researched in Nova Scotia, the Province establish a working committee to study NRTs with representatives from the medical, ethical, nursing, legal, health education and women's communities.

PRESCRIPTION DRUGS

In Canada, 6.5 percent of all women and 3.0 percent of all men use tranquilizers.[11] Over the age of 65, 77 percent of all women and 66 percent of all men use these drugs.[12] Women receive 67-72 percent of all psychotropic drugs prescribed.[13] Women are not only in receipt of most prescriptions for tranquilizers at any one point in time, but they are also at highest risk for receiving more prescriptions per year than men, and for continuing these drugs over more years.[14]

Tranquilizers, barbiturates and anti-depressants are prescribed to women for a variety of reasons: aches, anxiety, depression, fatigue, and other emotional symptoms. Hormones

are increasingly prescribed for menopausal symptoms. Estrogen has been hailed as a "youth drug" despite evidence that prolonged use increases the risk of cancer.

Our elderly are perhaps most at risk and most vulnerable to over-medication. How frequently are elderly women in nursing homes given tranquilizers to keep them in a state of submission? The term "geriatric junkie" has recently been coined to describe the cycle of over-medication among our elderly population--a cycle where side-effects become symptoms requiring further medication and often hospitalization. Our complete lack of prescription monitoring not only results in unnecessary monetary and social costs to individuals, insurance plans, and the Province, but leaves us open to fraudulent and criminal abuse of our prescription drug system.

The Nova Scotia Advisory Council on the Status of Women recommends:

1) that a system be developed to introduce accountability into the prescribing of drugs;

2) that physicians recognize that symptoms associated with menstruation, pre-menstrual syndrome, menopause, depression, loneliness, stress, and fatigue often have social rather than medical origins and that relief does not come exclusively from drugs, but rather, from nutrition, exercise, a decent standard of living, and a non-violent home.

3) that a comprehensive educational awareness program be developed by the Province to inform and educate Nova Scotians about the dangers of drug dependency.

CONCLUSION

At a time when health care costs are escalating, we must seriously consider a re-prioritization within our health care system. There can be little disagreement at this point in time "that an ounce of prevention is worth a pound of cure". We have the knowledge and expertise to help individuals take responsibility for their own lives and to help them become active participants in their own health care. We have alternative, highly skilled, and trained professionals (nutritionists, nurses, midwives, health educators, social workers) on which to re-distribute and re-focus our health care dollars.

REFERENCES

[1] Boston Women's Health Book Collective. Our Bodies, Ourselves. (New York: Simon and Schuster, 1979), p. 337.

[2] Nova Scotia Task Force on the Status of Women, Herself - Elle Meme, March 1976, p. 43.

[3] Dianne Kinnon, "The Birth Control Gap", in Kathleen McDonnell, ed., The Healthsharing Book: Resources for Canadian Women. (Toronto: Women's Press, 1985), p. 50.

[4] CARAL Halifax. Survey of selected physician services in Nova Scotia, 1987 (one third of respondents who counsel about "all methods of contraception" do not fit diaphragms).

[5] Planned Parenthood Association of Nova Scotia. Cost Analysis of Lack of Family Planning Services in Nova Scotia for One Year, using data from 1983-84 and 1984-85.

[6] Departmental Task Force on Reproductive Health. Reproductive Health Activities and Concerns: Report of a Health and Welfare Task Force in Reproductive Health (1983?), p. 71.

[7] "Spiralling cost of AIDS care called impetus for education", The Globe and Mail, May 17, 1988.

[8] Regional Officers for Europe and the Americas for the World Health Organization. Summary Report on a Joint Inter-Regional Conference on Appropriate Technology for Birth. Fontaleza, Brazil, April 22-26, 1985, (ICP-NCH 102-M025).

[9] "Midwives--professionals or pariahs?" Health Promotion Vol. 25 (4) Spring 1987, p. 14.

[10] Ibid., p. 14.

[11] Statistics Canada. Canadian Women: Profile of their Health (82-542E) Ottawa: April 1984), p. 36.

[12] Ibid., p. 36.

[13] R. Cooperstock and J. Hill, The Effects of Tranquilization: Benzodiazepine Use in Canada. Ottawa: Health and Welfare Canada, 1982, p. 10.

[14] Ibid., p. 20.

SUMMARY OF RECOMMENDATIONS

1) that the Province of Nova Scotia develop and institute a province-wide programme of community-based women's health centres to provide a full range of reproductive and other health care services to all Nova Scotian women;

2) that medical schools adopt curricula which will encourage realistic attitudes toward women and sensitize physicians to the specific health concerns of women, and offer continuing education programs for those who have already graduated;

3) that an independent body be established to hear and investigate complaints from patients. This body must have the authority to monitor and provide recourse and remedy for complainants and serve to more effectively regulate unacceptable behaviour and practice of the medical profession. We recommend that this body be composed of members of the medical community, legal community and individual consumers.

SEX EDUCATION AND BIRTH PLANNING:

4) that the Province of Nova Scotia recognize the importance of sex education in (i) the prevention of unintended pregnancy, and (ii) the prevention of all sexually transmitted diseases, including AIDS.

5) that access to information about birth control and family planning be improved by adequately funding existing agencies to meet the increased demands for their services;

6) that greater emphasis be placed on developing effective

methods of birth control for men; and that increased educational efforts be aimed at improving the sense of responsibility among men about birth control;

7) that greater attention be given to the area of family planning in medical school curricula, especially if doctors are to remain the primary and often sole prescribers of contraceptives.

PREGNANCY AND CHILDBIRTH:

8) that the Province of Nova Scotia begin immediately to take steps to integrate midwifery, as an independent, licensed and self-regulating profession into the health care system in Nova Scotia;

9) that the Province seriously examine the caesarian section rates in Nova Scotia and take some measure to protect women from unnecessary surgical intervention.

10) thathe Province investigate the unnecessary use of episiotomies, epidurals, forceps, and other high-tech birthing techniques used in Nova Scotia.

ABORTION:

11) that the Province of Nova Scotia increase funding to expand family planning programmes, sex education, and pre- and post-abortion counselling in this province, in an effort to reduce the number of unintended and unwanted pregnancies.

12) that the Department of Health and Fitness take steps to improve abortion services in Nova Scotia, especially in

rural and small communities, by allowing the procedure to be performed in settings other than hospitals (such as the recommended community-based women's health centres) -- the Advisory Council believes this to be a less costly alternative to the system of hospital abortion services currently available in the province;

13) that the Department of Health and Fitness ensure that the technology and techniques (i.e. anaesthesia) used for this procedure are the most up to date and that unnecessary medical procedures are never used.

NEW REPRODUCTIVE TECHNOLOGIES:

14) that the Province of Nova Scotia encourage and endorse the formation of a Federal Royal Commission on New Reproductive Technology to allow the Canadian public to consider the impact and regulation of NRTs;

15) that in light of the fact that new reproductive technologies are already actively being engaged and researched in Nova Scotia, the government establish a working committee to study NRTs with representatives from the medical, ethical, nursing, legal, health education and women's communities.

PRESCRIPTION DRUGS:

16) that a system be developed to introduce accountability into the prescribing of drugs;

17) that physicians recognize that symptoms associated with menstruation, pre-menstrual syndrome, menopause, depression, loneliness, stress, and fatigue often have social rather than medical origins and that relief does

not come exclusively from drugs, but rather, from nutrition, exercise, a decent standard of living, and a non-violent home.

18) that a comprehensive educational awareness program be developed by the Province to inform and educate Nova Scotians about the dangers of drug dependency.